

Siate Form 4606 (R9 /11-99)

Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse

IS THIS AN AMENDMENT? TYES THO

(CFA-4) Summary Sheet

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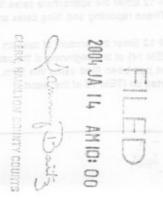
1. Full name of committee (as on Statement of Organization) Check if this is a new nam Red UICKE FOR WESTER I	FOUN C	COUNCIL	N.S. NUMBER: Enter the pre
2. Acronym or abbreviated name, if any	3. Committee te	esnone number	Appropriate the state of the st
streams to eague to to take set as the rough and in-retroes one intoles	1317	1582-036	COTAL PAGES Reports to
4. Mailing address (address where all campaign finance correspondence is received) 2939 CURRY LD	heck if this is a new	accress	mense bartakbi yas galoulor
5. City, state, ZIP code		on (if applicable)	O THE MEMBERS HAR BELL O
CARMEL, IN. 46033		4BLICAN	e ul pesituone ubrattiani
CANDIDATE INFORMATION (For Can	didate's Commit	tees Only)	
7. Full name of candidate (include any nickname)		n or if independent	M Organization (Form CFLL)
RONNO EUGEDE WILKE	(00)	UBLICAN	
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of re		
WESTFIELD TOWN COUNCIL DISTEL	LI HAM	UTON	Commence of Sept. 2 MRT
TYPEOFREPORT		CONVENTIO	N CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19, a	and 20 must be "7",	Pre-Convento	n the golden on wing 1 Mg t
Undgoing Treasurer (within 10 days amend Statement of Organization)	pelam od lim tok	Post-Convention	on
12. Reporting period:	SERVICE MAN IN	COLUMN A	COLUMN B
From: 10-17-03 Through: 12-34-08	The burney man	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	i	1,228,01	
14. Cash on hand and investments January 1, current year.			OFFI
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash con	tributions.)		E 7/6 75
15a. Itemized (use Schedule A)	2	1151,00	5766,70
15b. Unitemized	X SUBTOTAL	=1 ==	5766.10
rearrant man rearrant rearrant and rearrant conditions	30010176	1151,00	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL !	23/7.01	5766.70
(Note: These amounts include in trial around have and loss arounds)			
(Note: These amounts include in-kind expenditures and loan repayments.)	neomport na m	1143.30	4530,99
17a. Itemized (use Schedule 3) (Public Question: use Schedule C)	20	((()))	1
17b. Uniternized	01.00	./2 2 -	11570 99
17c. Add lines 17a and 17b in both columns	SUBTOTAL _	1143.30	4530.99
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both of	columns) TOTAL_	1235.71	1235.71
19. Debts OWED BY the committee (use Schedule D)		Ø	
20. Debts OWED TO the committee 'use Schedule E'	City Council,	d	

COMMITTEE INFORMATION

CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	
TRUE, CORRECT AND COMPLETE.	
Signature on File	

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class 3 Miscameanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page _		of	-

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1. JAMES + LEA SHINAUER 1524 WARWICK CT. CARMEL, IN. 46033	Contributions: Direct In-Kind (describe)	250.00	250.00	10.29.03 ZEW
Contributor's Occupation (if required)	Other Receipts:	pation of any loc er contributer g a contribute	Enter the occur nation for est When enterior	CUPATION:
2 STRUE + JUDY HARDIN 10360 LAKELAND DR	Contributions: Direct In-Kind (describe)	106,00	160,60	PE OF CON
FISHERS / 1.4. 46038 Contributor's Occupation (# required)	Other Receipts:	PERIOD: E-YEAR-TO-E	EVITAJUM	ning period.
3. In the same as the entry in Column A.	Contributions: Direct In-Kind (describe)	nabnejac s	ože to nog	the first ve
delived. For checks and maney prosess indicate the case that all delivers that subset, NOT when mailed or deposited in an economic amber, NOT when mailed or deposited in an economic.	Other Receipts:	monit, day, ah noney order, M n cash is add	Officers of the chartest or a chartest when the chartest when	ens anobudha
4.	Contributions:	S CHEDULE L OF ALL PA	S PAGE OF	STOTAL TH
Contributor's Occupation (f required)	Other Receipts:	SCHEDULE	PAGES OF adule A. Also e	toS no sepso l
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts:			
SUB TOTAL TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM 15a of the Summa		\$350		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as ioan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	3	of	10	_	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED BY
1. NORTHSIDE INVESTMENTS, LIC 9551 DELEGATES ROAD	Contributions:	500,00	500,00	10.30.03 (Can)
120PC6, 12.46240	Other Receipts: Interest Loan Misc (specify)	e contribute	Man entern	ORTANT:
HCRPCC 445, 8THST	Contributions: Direct Mr-Kind (describe)	301,00	301,00	11-26-03 Plee
NOBC45 VILLE, W. 46060	Cther Receipts: Interest I Loan Misc (specify)	YEAR-TO-D	MULATIVE ie.	UMN-8-CU
art etch end partier and money artiers indicate the data the mailed or deposited in an account. For cash contributions, the	Contributions:	nanth, day, adr nanth, day, adr naney order, M	Core or sac ED: Enter the the check or	on steller ett VIBOBR BT Inthe moeve
member, NOT when maked or deposited to an addition. If the contribution for the committee. (IC 3-9-1-25) It took if there is only one page of this Schedule.	Other Receipts: Interest Cloan Misc (specify)	cean is act	Y: Enter th	E CEIVED B
A Sheet. Second From the LAST RAGE ONLY) the total amount by Sheet.	Contributions:	L OF ALL PA	PAGES OF	igure is the see [AL OF ALL locoes on Sor
	Cther Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	,		
5.	Contributions: Direct In-Kind (describe)			
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TOTAL OF ALL PAGES OF SCHEDULE A G (Enter total on ITEM 15a of the Summary S		s		



State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page _	4	of	10	THE

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1.	Contributions: Direct In-Kind (describe)			
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2. Internegrant admission announced on the region of page at programme as possible as poss	Contributions: Direct In-Kind (describe)	OR OTHER	TRIBUTION provided (su	PE OF CON
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TOTAL OF ALL PAGES OF SCHEDU (Enter total on ITEM 152 of the Sum	ULE A ON THE LAST PAGE ONLY	s		



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(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	5	of	10	_

	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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	it is imperative to list the full name of the contributor, portoprate box. For in-land contributions describe the general tings, etc.). For "miscellaneous", be as specific as possible.	Other Receipts:	REHTO RO	TRIBUTION	E OF CON
-	tribution, including linkind, transfers-in or other receipts for this	Contributions:	B (UCKS4	MULATIVE	Usara A Au Sing period.
	a contributions, including in-land, transfers-in or other receipts lumin B is the same as the entry in Column A.	Other Receipts:	rebneiro	es to non	or the first ra
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
is the reporting committee received a transfer-in. All transfers-in	Contributions: Direct In-Kind (describe)	class of each	pe prikam bos	enen jikā sr
ee, or regular party committee) must be Demized regardinas of	Other Receipts: Interest □ Loan Misc (specify)	effithmod ales	iothriso) ostimi	
eceinis over \$100 within a calendar year (\$220 if regular party,	Contributions: Direct In-Kind (describe)	op lië to eaerbt bise pave paid	e gallair bas e	man lich a. na). Tida k
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SE ONLY: Enter (ON THE LAST FAGE ONLY) the total amount of Sheet.	Contributions: Olrect In-Kind (describe)	SCHEDULE	PAGES OF	o fe tha so L OF ALL
	Other Receipts:			

(Enter total on ITEM 15a of the Summary Sheet)

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

100	FILE NUMBER					
	-					
Page _		7	of	10		

INSTRUCTIONS: Please type or print legitly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

PEGIDIENTS O	CCUPATION TYPE OF EXPENDITURE	COLUMN A	COLUMN B	
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code) OFFICE SOUGHT	and	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
BOLD IMPRESSIONS	Direct In-Kind Payment of Debt Returned Contribution Other	442.30	1811.49	10-20-03
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TGI FRIDAYS	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other	400.00	400,00	11-4-03
UESTEIGLD.	Purpose:		9	
west rise	FULDRATISING		ann musin	TOD SECTION
HCRPCC	☐ Direct ☐ In-Kind ☐ Payment of Dept ☐ Returned Contribution ☐ Other	301,00	301,00	11-26-03
445.87	Purpose:	- 11		
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES

For Public Questions

	FILE NUMBER				
Page	8	of of	10	38	
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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question		UBLIC QUESTION INFORMATION			to tool edit
Type of Question: Statewide Loc Position: Supported Dopposed					
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF EXPENDITURE	PURPOSE OF EXPENDITURE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
NONE	□ Direct	(expenditure.			
, memberuomen y	□ In-Kind	ingose of the expenditure. (Se specifi the amount of each expenditure for t	: Enter the pi ERIOD: Enter	R BIHT THUS	
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Indiana Election Commission (IC 3-9-5-14)
Approved by State Board of Accounts 1999

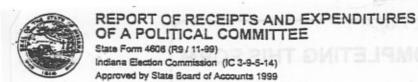
(CFA-4 SCHEDULE D) Debts Owed by This Committee

Depts	Owed by	Inis	Committee
	FI	LE NUM	BER

Page

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S	AMGUNT	DATE DEBT	CUMULATIVE	QUTSTANDING
& MAILING ADDRESS. (street, number, city, state, ZIP code)	NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	INCURRED	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
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	it owed by the committee	** *** ****	R'S NAME , Orgors, or e	OR VENDO	CORSERS
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(Enter total on ITEM 19 of the Summary Sheet)					s ø



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

FILE NUMBER					
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Page _	10	_of(9		

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any) (street, number, city state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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